## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09-30-13	Address:	Cr 250 N/cast of CR 750 W,
Incident#:	13ispc009890		Connersville, Indiana
County:	Fayette		47331
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)			
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: 5 <sup>th</sup> wheel
(check all that	: Location (bedroom, kitchen, open air, open a	etc)	
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Generator(s): 5th wheel			
∑ Flammable Solvents: 5th wheel			
Water Reactive Metal (Lithium): 5th wheel			
Anhydrous Ammonia: 5th wheel			
Corrosive Acid: 5th wheel			
Corrosive Base: 5th wheel			
Other (iter	n and location): <u>5th wheel</u>		
Vehicle Infor	mation:		
Owner: VIN: Year:	none located	Make: Model:	
	age 18 discovered (check appropriate)		_
☐ Yes No	(number present)	Living condit ⊠ unclean	tions of home: 🔲 clean 🔲 disarray
=	not present but evidence they reside	Estimated len	ngth of time manufacturing had been  formation;
This report h	as been faxed* or emailed to the fol	lowing agencies tha	at serve the location:
Fire Departme Health Depart	ent City, Township or County <u>Connersement County: Fayette</u> f Child Services Hotline: <u>deshotlinere</u>	<u>sville</u> Fax; Fax; <u>765-82</u>	<u>email</u> 25-71891
	rmation regarding this methamphetan flicer: <u>Rusty Slater</u> Phone	nine laboratory, conta e <u>765-778-2121</u>	act

<sup>\*</sup>This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.